



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date notice sent to all parties: July 13, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical epidural steroid injection with fluoroscopy

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

The medical necessity has not been demonstrated for the requested cervical epidural steroid injection with fluoroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI referral information
2. Denial information
3. Preauthorization request
4. Request for reconsideration

5. Provider office notes 1/10/12 thru 5/22/12
6. MRI scan 12/20/11
7. Prium review by Dr. DO
8. Prium review by Dr. DO

PATIENT CLINICAL HISTORY [SUMMARY]:

This female sustained a work-related injury on xx/xx/xx. There is persistent neck and arm pain. On 12/20/11, an MRI scan was reported to show a C5/C6 fusion with no focal lesions. At the office visit on 05/22/12, Dr. noted decreased sensation in the arm and tenderness in the cervical region.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines require evidence of radiculopathy with a corroborating lesion on MRI scan. The MRI scan shows no focal lesions and the physical examination shows only subjective numbness with no objective findings of radiculopathy. The ODG criteria are not met for the request of the procedure.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- _____ ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- _____ AHCPR-Agency for Healthcare Research & Quality Guidelines.
- _____ DWC-Division of Workers' Compensation Policies or Guidelines.
- _____ European Guidelines for Management of Chronic Low Back Pain.
- _____ Interqual Criteria.
- _____ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
- _____ Mercy Center Consensus Conference Guidelines.
- _____ Milliman Care Guidelines.
- ___X___ ODG-Official Disability Guidelines & Treatment Guidelines.
- _____ Pressley Reed, The Medical Disability Advisor.
- _____ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- _____ Texas TACADA Guidelines.
- _____ TMF Screening Criteria Manual.
- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)